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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

JOEL T. ROHRBOUGH, M.D.

Holder of License No. 29359 For the Practice of Allopathic Medicine In the State of Arizona Case No. MD-07-1028A

CONSENT AGREEMENT FOR LETTER OF REPRIMAND

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CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Joel T. Rohrbough, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

- Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement").
 Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.
- 2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.
- This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.
- 4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.
- 5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver,

express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding. The acceptance of this Consent Agreement does not preclude any other agency, subdivision or officer of this State from instituting other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

- 6. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.
- 7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Consent Agreement. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.
- 8. If the Board does not adopt this Consent Agreement, Respondent will not assert as a defense that the Board's consideration of this Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.
- 9. This Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Arizona Medical Board's website.
- 10. If any part of the Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and effect.

11. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.

	out.	nk	- ms	
JOEL T.	ROHRE	BOUGH,	M.D.	

DATED:	8-5-08	

FINDINGS OF FACT

- The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.
- Respondent is the holder of license number 29359 for the practice of allopathic medicine in the State of Arizona.
- 3. The Board initiated case number MD-07-1028A after receiving a complaint regarding Respondent's care and treatment of a forty-two year-old male patient ("MS").
- 4. Respondent initially evaluated MS on December 9, 2005 for a history of right shoulder pain. MS had positive impingement signs upon examination. Respondent obtained x-rays that demonstrated an expansile partial lucent lesion with an enlarged coracoid. Respondent diagnosed MS with impingement syndrome of the right shoulder with an incidental finding of a benign expansile lesion of the coracoid. Respondent recommended physical therapy, diagnostic studies to evaluate the coracoid, which included a computed tomography (CT), magnetic resonance imaging (MRI) and bone scan and a follow up visit after the diagnostic studies.
- 5. On December 12, 2005, December 13, 2005, and December 16, 2005, MS underwent a MRI, CT and bone scan with subsequent physicians that demonstrated a large expansile mass lesion of the coracoid process, an expansile mass of the right scapula and intense activity of the right scapula. There was no documentation in MS's chart that Respondent reviewed and addressed the abnormal diagnostic studies and communicated the results to MS until one year later at a follow up visit.
- 6. On December 28, 2006, MS was evaluated by another physician who noted MS's history of right shoulder pain, Respondent's previous evaluation on December 9, 2005 that demonstrated an enlarged coracoid, and the abnormal diagnostic studies. The physician also noted that it was unclear from the chart as to why no follow up visit was

obtained in view of the abnormal studies. The physician ordered a stat MRI that indicated a probable malignant invasive tumor of the coracoid scapula and glenoid. The physician recommended a biopsy.

- 7. The pathology report diagnosed MS with a dedifferentiated chondrosarcoma on January 9, 2007 and recommended radical surgery. MS began chemotherapy on January 31, 2007. A chest CT scan demonstrated a 14mm solitary pulmonary nodule in the left lower lobe. MS underwent surgery on March 26, 2007 with a right scapulectomy and pectoral muscle transposition flap. MS died on June 27, 2007.
- 8. The standard of care requires a physician to review diagnostic studies ordered by the physician.
- 9. Respondent deviated from the standard of care because he did not review MS's diagnostic studies suggestive of a malignant lesion.
- 10. The standard of care requires a physician to communicate the results to the patient.
- 11. Respondent deviated from the standard of care because he did not communicate the abnormal diagnostic studies to MS until one year later.
- 12. MS had a one year delay in diagnosing a malignant lesion that progressed and increased in size. The tumor could have dedifferentiated in the year between the initial evaluation and biopsy.

CONCLUSIONS OF LAW

- The Board possesses jurisdiction over the subject matter hereof and over Respondent.
- 2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

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ORDER

IT IS HEREBY ORDERED THAT:

- Respondent is issued a Letter of Reprimand for failure to review and address diagnostic studies suggesting a malignant lesion and for failure to report the results to the patient for over one year.
 - 2. This Order is the final disposition of case number MD-07-1028A.

DATED AND EFFECTIVE this game day of October

__, 2008



ARIZONA MEDICAL BOARD

Executive Director

Lisa S. Wyni

this day of Data 10 2008 with

this day of 2008 with:

Arizona Medical Board 9545 E. Doubletree Ranch Road

Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed this day of house, 2008 to:

Joel T. Rohrbough, M.D. Address of Record

Investigational Review